


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90034 014 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005671

1. Corporation Name

TERRACE POWER TRAVEL HOCKEY ORGANIZATION, INC.

Principal Place of Business
 5025 W FOWLER AVE #14
 TAMPA FL 33617

Mailing Address
 5025 W FOWLER AVE #14
 TAMPA FL 33617

5 6 9 8 12 90017 16 2 *



2. Principal Place of Business 21 13615 DIAMOND HEAD DR Suite, Apt. #, etc. DL 22 City & State TAMPA, FLA 23 Zip 33624 Country USA	2a. Mailing Address 26 505 MORGAN ST Suite, Apt. #, etc. 27 City & State TAMPA FLORIDA 28 Zip 33602 Country USA	3. Date incorporated or Qualified 10/02/1998 4. FEI Number 59-3538734 5. Certificate of Status Desired <input type="checkbox"/> \$9.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

PAZOS, CARLOS
5025 W FOWLER AVE #14
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable) **13615 DIAMOND HEAD DR.**
 83
 84 City **TAMPA** FL 85 Zip Code **33624**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0509, Florida Statutes.

SIGNATURE

Signature, type or print name of registered agent and title if applicable.

Signature, type or print name of registered agent and title if applicable.

DATE **January 4, 1999**

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME BRIAN GONZALEZ	
1.3 STREET ADDRESS 505 MORGAN ST	
1.4 CITY-ST-ZIP TAMPA, FLA, 33602	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME SECRETARY	
2.3 STREET ADDRESS DR. JACKIE BOOTH	
2.4 CITY-ST-ZIP 4126 DELL BROOK DR	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME TREASURER	
3.3 STREET ADDRESS BEVERLY BALDWIN	
3.4 CITY-ST-ZIP 14340 OAKVINE DR.	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

Date

(813) 224-0632

Daytime Phone #

CR2E037 (1/98)